2680 WEST COUNTY ROAD 476

BUSHNELL, FLORIDA 33513

Controlled Open Enrollment Application - OUT OF COUNTY RESIDENT

For School Year 20____-20____

Name of Student		
Parent(s) Name		
Mailing Address		
Physical address	City	Zip Code Zip Code
Zoned School/County	Choice School	
<u>A Student who has been expelled or suspended from public -kindergarten (Pre-K) is not a mandatory program, COE op</u>		
Has your child ever been suspended out of school or expelled	dNo	_
Current 504 PlanYes (If Yes, Please submit a copy))No	
Current IEPYes (If Yes, Please submit a copy)	No	
COE Preference (Preferential Treatment) : <u>APPROPRIATE D</u> <u>TREATMENT TO BE GRANTED.</u>	OCUMENTATION REQUIRED FOR	PREFERENTIAL
If applicable		
	s a School Board Employee	Grade Grade
3. Serious illness/death of custodial parent TRANSPORTATION: The attendance approval, if gran be responsible for providing transportation to and from s	nted, will be with the understanding school. X	
	Parent Signatur	
School Principal Recommendation must	District Recommenda	
be completed outside of Open Enrollment Window: Approved Not Approved	Approved: (with no transportation proved:	
Principal Signature	Superintendent/Designee School Board Meeting Date	

Send to the office of the Superintendent. Notification will be sent to school and parent indicating action taken.